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STATE OF WASHINGTON

**APPLICATION FOR CHANGE/TRANSFER  
OF WATER RIGHT**

For filing with the Department of Ecology or with County Conservancy Boards

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF  
ECOLOGY MUST ACCOMPANY THIS APPLICATION**

(Check all that apply.)

- ☒ Change purpose(s) of use  
☐ Add purpose(s) of use  
☒ Change point(s) of diversion/withdrawal  
☐ Add point(s) of diversion/withdrawal  
☒ Change/transfer place of use  
☐ Other (i.e. consolidation, intertie, trust water)

Explain: \_\_\_\_\_

**FOR OFFICE USE ONLY**CHANGE No. CG1-#00543C WRIA 1DATE ACCEPTED 6 / 22 / 06 BY DBFEE \$ 50.00 REC'D 6 / 22 / 06CHECK No. 43088SEPA: ☒ Exempt ☐ Not exempt**\*\*IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)\*\*****1. Applicant Information:**

APPLICANT/BUSINESS NAME	PHONE NO.	FAX NO.
City of Lynden	(360)354-1170	(360)354-2027
ADDRESS		
323 Front St.		
CITY	STATE	ZIP CODE
Lynden	WA	98264

CONTACT NAME (IF DIFFERENT FROM ABOVE)	PHONE NO.	FAX NO.
Bill Verwolf (City Administrator)	(360)354-1170	(360)354-2027
ADDRESS		
** same as above **		
CITY	STATE	ZIP CODE

**2. Water Right Information:**

WATER RIGHT OR CLAIM NUMBER	RECORDED NAME(S)
G1-*00543CWRIS	Ruth Stouffer & Vera B Tripp
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS:	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

**Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.**

**FOR OFFICE USE ONLY**APP. NO. \_\_\_\_\_ PERMIT NO. \_\_\_\_\_ CERT. NO. 641 CERT. OF CHANGE NO. CG1-#00543C

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Groundwater Well		NE	SE	16	40N	03E	400316 500197 0000	

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Nooksack River (surface water)		SW	SW	21	40N	03E	Gov't Lot #9	N/A

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☐ YES ☒ NO      PROPOSED: ☒ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation	80 gpm	3.5 AFY	Irrigation Season (May 1 – Oct 1)

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Municipal	80 gpm (~0.18 cfs)	3.5 AFY	Same as Above (May 1 – Oct 1)

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
E ½ of NE ¼ of SE ¼ , less road, Sec. 16, Twp. 40N, Rge. 03E, EWM.							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
NE	SE	16	40N	03E	Whatcom	400316 500197 0000	9.39
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME: Bradley Fields Investors LLC							

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
Area served by the City of Lynden.							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
			40N	02-03E	Whatcom		
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME: N/A -- Owners of land in the area served by the City of Lynden							

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER? ☐ YES    ☒ NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S):

6. Remarks and Other Relevant Information:

As part of the Memorandum of Agreement (MOA) between the City of Lynden and the Washington State Department of Ecology, the City is to seek other/additional water sources. This is one such option.

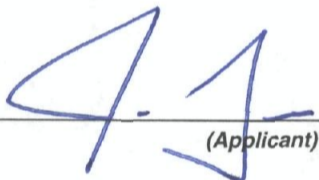
IF FOR SEASONAL OR TEMPORARY, START DATE 05 / 01 / XX END DATE 10 / 01 / XX

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

7. Signatures:

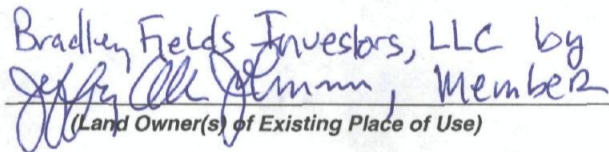
I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

  
(Applicant)

6 / 15 / 06  
(Date)

\_\_\_\_\_  
(Water Right Holder)

  /  /    
(Date)

Bradley Fields Investors, LLC by  
 Member  
(Land Owner(s) of Existing Place of Use)

6 / 8 / 06  
(Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- |   |   |
|---|---|
| <input type="checkbox"/> APPLICATION FEE NOT ENCLOSED   | <input type="checkbox"/> MAP NOT INCLUDED or INCOMPLETE |
| <input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED | <input type="checkbox"/> SECTION _____ IS INCOMPLETE    |
| <input type="checkbox"/> OTHER/EXPLANATION: _____       |   |

STAFF: \_\_\_\_\_ DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_